

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

ATTACHMENT 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: STATE OF HAWAII

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions:
§1919(h)(2)(A)) for applying the remedy.

Describe the criteria (as required at

☒ Specified Remedy *

☐ Alternative Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

(Describe the criteria and
demonstrate that the alternative
remedy is as effective in deterring
non-compliance. Notice requirements
are as specified in the regulations.)

* The criteria for the application
of specified remedies are applied as
described in Supplement to Attachment
4.35-B through 4.35-G.

TN No. 95-005
Supersedes
TN No. 90-6

MAR 13 1997
Approval Date: _____ Effective Date: 10/1/95